

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90015 022 ****70.00

DOCUMENT # 727817
 1. Entity Name
DOUGLAS GARDENS HOLDING CORP., INC.

Principal Place of Business Mailing Address
5200 N.E. 2ND AVENUE 5200 N.E. 2ND AVENUE
MIAMI FL 33137 MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **23-7302931** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CYPEN, STEPHEN H
825 ARTHUR GODFREY RD
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECK, HAROLD 5200 N. E. 2ND AVE. MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CYPEN, STEPHEN H 825 ARTHUR GODFREY RD. MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYPEN, BEN 825 ARTHUR GODFREY RD MIAMI BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2/24/01 (E303) 751.8626 Quire Harold Beck

CR2E037 (10/00)